PTO/SB/06 (07-06)

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/669,269			ling Date 25/2003	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
	FOR	l N	NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	1	RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),		N/A		N/A		N/A		1	N/A	(//	
	SEARCH FEE		N/A		N/A		N/A		1	N/A		
	(37 CFR 1.16(k), (i), (ii), (iii), (iiii), (iii), (iii), (iii), (iiii), (iiii), (iii), (iii), (iii),	E	N/A		N/A		N/A		1	N/A		
	TAL CLAIMS	or (q//	minus 20 =		•		x \$ =		OR	x \$ =		
IND	CFR 1.16(i)) EPENDENT CLAIM	IS	minus 3 =		•		x \$ =		1	x \$ =		
	CFR 1.16(h)) APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	specificates of paper 50 (\$125 ional 50)	ngs exceed 100 on size fee due) for each on thereof. See CFR 1.16(s).								
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))												
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL			TOTAL		
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							OTHER THAN SMALL ENTITY OR SMALL ENTITY					
AMENDMENT	05/16/2007	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.18(i))	• 36	Minus	** 36	= 0		x \$ =		OR	X \$50=	0	
	Independent (37 CFR 1.16(h))	• 11	Minus	···11	= 0		X \$ =		OR	X \$200=	0	
	Application Size Fee (37 CFR 1.16(s))											
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
		(Column 1)		(Column 2)	(Column 3)							
AMENDMENT	9.28-07	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	T.otal (37 CFR 1.16(i))	.36	Minus	· 36	= _	ľ	x \$ =		OR	x \$ =		
	Independent (37 CFR 1.16(h))	· //	Minus	··· //	=		X \$ =		OR	x \$ =		
	Application Size Fee (37 CFR 1.16(s))											
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
* If 1	* If the entry in column 1 is less than the entry in column 2, write *0" in column 3.							strument Fy	OR (amin	TOTAL ADD'L FEE		
** If the entry in column 1 is less than the entry in column 2, write "o" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

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